



CSW 68 Gender and Poverty Briefs

Health, Poverty and Gender

Pam Perraud

Poverty is detrimental to women's health, particularly for those affected by intersecting discriminations due to disability or minority group status. Its pernicious effects start before birth with the mother's poor access to nutrition and health care and accumulate throughout women's lives. Poverty increases the likelihood that women will face inadequate food, unclean water, poor sanitation, unsafe housing, hazardous work conditions, environmental stresses, and poor access to health care. Poverty diminishes women's ability to manage their health in both the developed and developing worlds.

Unhealthy neighborhoods - In impoverished areas, women and their families are exposed to more environmental hazards such as street crime, harassment, gang violence, domestic violence, traffic accidents, and toxic dangers in deteriorating housing. Lack of affordable, quality neighborhood health clinics limit women's access to a wide variety of health care including reproductive needs such as menstrual products, contraceptives, abortions, maternity services, pelvic exams, and mammograms.

Food insecurity - In poor urban neighborhoods, women often lack access to fresh food at an affordable price. They fall back on the cheapest junk food available leading to inadequate nutrition, obesity, or diabetes. These factors contribute to greater risks for women of reproductive age, especially during pregnancy, and set the stage for increased health problems later in life. Women's poor access to nutritious food has an intergenerational impact as her children develop unhealthy eating habits and acquire childhood illnesses such as obesity and diabetes.

High levels of stress - Poverty causes a lifetime of emotional stress for women. In childhood stress leads to impaired cognitive development, and later in life to higher levels of blood pressure, heart illness, and chronic depression. Poor women are more likely to suffer from inflammatory diseases and be at increased risk for heart attacks and strokes. Minority women who deal with discrimination on a daily basis are particularly susceptible to long-term stress factors.

Life expectancy gaps - Globally, life expectancy correlates with income inequality as poorer people, particularly people of color, live significantly shorter lives than wealthier people. While women generally live longer than men, poor women often have a lower life expectancy than wealthier men in many countries.

Illness-poverty cycle - When a single woman falls ill and can no longer work, her options for safe housing, transportation, nutritious food, and health care diminish dramatically. If she heads a household with young children, the whole family descends into a vicious cycle of poverty. Because they are poor, they are more likely to develop further illnesses and their life options unravel.

US Situation - In the absence of universal healthcare coverage, US women in lower socioeconomic groups face more chronic health issues, and have less access to medical care than those better off. The recent Supreme Court Dobbs decision that led to restrictions on abortion care has created additional obstacles for women to receive any medical care. Clinics serving poor and rural communities have closed with the new restrictions, forcing women to seek dangerous back street options or costly abortions and reproductive care out of state. Maternal and infant mortality continue to rise with the US having the highest rates in the developed world. US laws like the Hyde Amendment prohibit the use of federal funds for abortion care domestically, affecting low-income women on Medicaid and women in the military. States that have banned or greatly restricted abortion have forced women's clinics to close, cutting off access to reproductive and HIV care and leaving millions of impoverished women with fewer options than before. In US overseas policy, the Helms Amendment restricts the use of US aid funds for abortion care and has had a detrimental impact on poor women's access to reproductive care, especially in low and middle income countries.

Fast Facts

- In 2019, an American women's life expectancy decreased to 81.4 years, 3.2 years lower than the average across other nations, and four years lower than in Italy, Switzerland, France, Spain, and Japan.¹
- In 2021, only 68% of US women felt they received high-quality general healthcare and only 72% of US women felt they received good pregnancy care from health facilities.²
- Between 2013- 2018, 24% of pregnant and postpartum women in the US reported they had unmet health care needs and 63% reported health care unaffordability.³
- Between 2019 and 2021, there was a dramatic 60% increase in maternal mortality in the US, a rate not seen since 1965 and the highest in the developed world, with Black women dying at a rate 2.6 times more than white or Hispanic women.⁴
- Half of US women say they have put off or postponed getting health care they needed because of the cost, compared to about one-third of men (35%). Four in ten women say they have not gotten a recommended medical test or treatment due to cost compared to about a quarter of men (26%).⁵

Recommendations

- 1) **Expand government safety net programs to include universal healthcare** with full sexual and reproductive services, menopausal and maternity care. Mandate paid parental leave for all employees and fully fund programs that address food insecurity for women of all ages and races.
- 2) **Pass a national abortion rights law for the US.** Repeal the Hyde Amendment and the Helms Amendment restricting federal funds for reproductive care, including for the US military, and extend Medicaid coverage to women for one year after giving birth.
- 3) **Fully fund direct cash transfer programs** that have dramatically increased the overall health and well-being of the poorest families, including lower infant and maternal mortality rates.
- 4) **Invest in community-based health clinics** to provide not only emergency and preventative care, but also better access for pre-natal and post-natal services for poor women and classes on stress, smoking reduction, and children's nutritional needs.
- 5) **Increase funding for research on women's health issues** including cancers (breast, ovarian, uterine) and include women of all races and ages in research trials for drugs and treatments that are currently too often designed only by and for men without regards to women's needs.
- 6) **Extend prenatal and maternal care** as a universal provision for all socioeconomic populations.

Suggested Readings

Hudson, Valerie et al. 2023. *Shadow CEDAW Report for the United States*. Texas A&M University, The Bush School of Government & Public Service.

Khullar, Dhruv and Dave A. Chokshi 2018. *Health, Income, & Poverty: Where We Are & What Could Help*. Health Affairs Health Policy Brief.

Hoyert, Donna L. *Maternal Mortality Rates in the United States, 2021*. Centers for Disease Control and Prevention.

World Health Organization 2023. *Women's Health*.

¹ <https://bush.tamu.edu/wp-content/uploads/2023/04/A-Shadow-Cedaw-for-the-United-States-FOR-WEB.pdf> p.88

² <https://bush.tamu.edu/wp-content/uploads/2023/04/A-Shadow-Cedaw-for-the-United-States-FOR-WEB.pdf> p.85

³ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2785593>, p.1

⁴ <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>, p.1

⁵ <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

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www.uswomenscaucus.org

info@uswomenscaucus.org